

## LOCAL UNION WAGE AND EMPLOYMENT REPORT

Statutory Authority is found in Sections 66.0903, 103.49 and 103.50, Wisconsin Statutes and Section DWD 290.015, Wisconsin Administrative Code.  
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes]  
The use of this form is MANDATORY. See Section 103.005(12) Wisconsin Statutes for penalty information.

**The following additional information MUST be submitted with your completed report.**

1. Two (2) signed copies of the collective bargaining agreement described below. If copies are not available, see item 17.
2. Map outlining the specific geographic jurisdiction covered by the collective bargaining agreement described below.
3. List of ALL employers signed to the collective bargaining agreement described below. See items 12 and 13.
4. List of all major language changes. See item 8.

**Mail completed report to:**

STATE OF WISCONSIN  
DEPT OF WORKFORCE DEVELOPMENT  
EQUAL RIGHTS DIVISION  
P O BOX 8928  
MADISON WI 53708

Telephone: (608) 266-6860

**This report summarizes a collective bargaining agreement negotiated between the local union and Employer's association or independent employers who have signed this report.**

1. Name of Trade or Occupation:					
2. Effective Date of Initial Wage and Fringe Benefit Package:					
3. Wage and Fringe Benefit Package					
A. Hourly Basic Rate	\$		\$		\$
B. Fringe Benefits (Check + if "in Addition to" or - if "included in" Hourly Basic Rate)					
Health and Welfare	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Vacation	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Pension	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Holiday	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Apprenticeship, Training or Skill Improvement	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Education	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Industry	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Contract Administration	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Dues Check-Off	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
Other (Specify)	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -
C. Total (Hourly Basic Rate Plus Fringe Benefits)	\$		\$		\$

<b>4. Enter date when this agreement will expire? (mm/dd/yyyy)</b>							
<b>5. Will there be interim economic adjustment(s) other than indicated in item 2 prior to the expiration date of this agreement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>Yes</b> indicate the effective date(s), amount of adjustment(s) and a brief explanation: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>							
<b>6. How are the fringe benefits specified in item 3.B. paid (all hours worked, all straight time hours worked, all clock hours worked, (monthly, weekly, etc.)?)</b> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>							
<b>7. Are trust funds formally established for each fringe benefit specified in item 3.B?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No" please explain: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>							
<b>8. Did this agreement make any change(s) to any of the following provisions of the previous collective bargaining agreement (holidays, standard workday or week, travel pay, subsistence, overtime or foreman pay and ratio)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>Yes</b> , attach a separate sheet describing such change(s).							
<b>9. Indicate the number of members in the local that are employed in each trade or occupation covered by this agreement. Exclude travelers, retirees, honorary members, non-construction tradespersons, non-working foremen, etc.</b>							
<b>Trade Or Occupation</b>				<b># of Journeypersons</b>		<b># of Apprentices</b>	
<b>10. If this agreement provides for the employment of any of the following classification of employees indicate the number employed during the last calendar year</b>							
Trainee	Novice	Helper	Learner	Improver	Upgrader	Subjourney	Other (Specify)
<b>11. Check the type of project(s) covered under this agreement:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 48%;"><input type="checkbox"/> Building</div> <div style="width: 48%;"><input type="checkbox"/> Heavy</div> <div style="width: 48%;"><input type="checkbox"/> State Highway</div> <div style="width: 48%;"><input type="checkbox"/> Local Street</div> <div style="width: 48%;"><input type="checkbox"/> Sewer and Water</div> <div style="width: 48%;"><input type="checkbox"/> Agricultural</div> <div style="width: 48%;"><input type="checkbox"/> Residential</div> <div style="width: 48%;"><input type="checkbox"/> Other</div> </div>							

<b>12. Has this agreement been negotiated with any Employer's association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>Yes</b> , complete the following and <b>include a list</b> of ALL employers represented by such association:			
Employer's Association Representative Name		Title	
Employer's Association Name		Telephone Number	
Street Address	City	State	Zip Code
<b>13. Has this agreement been signed by any independent employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>Yes</b> , <b>include a list</b> of ALL independent employers who have or will probably sign this agreement.			
<b>14. How many hours were worked during the prior calendar year under the terms of this agreement's predecessor?</b>			
<b>15. If this agreement is negotiated by a local union which has only a portion of its geographic jurisdiction in the State of Wisconsin, but whose principal jurisdiction and charter is outside of the state, indicate the number of members who normally work for employers located within the State of Wisconsin</b>			

**I hereby state that the information contained in this report is true and accurate according to my knowledge and belief and understand that the willful falsification of any information herein may result in a civil or criminal penalty pursuant to Chapter 103, Wisconsin Statutes.**

Local Union Name (Print)		Local Union Representative Name (Print)	
Street Address	City	State	Zip Code
Local Union Representative Title		Telephone Number	
Signature		Date Signed	

**I have reviewed the information contained in this report and hereby state that it represents the terms of the collective bargaining agreement negotiated between the above mentioned local union and the Employer's association or independent employer that I represent.**

**Note:** This DOES NOT have to be completed IF a copy of the collective bargaining agreement is submitted with this report.

Representative Name (Print)		Representative Title	
Employer's Association or Independent Employer Name		Telephone Number	
Signature		Date Signed	